

MONTANA BOARD OF COSMETOLOGISTS
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GENERAL INFORMATION SUMMARY SHEET

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO SUBMITTING AN APPLICATION.

In the State of Montana, a cosmetology, manicuring, esthetics, teacher training or electrology school or course may not open, engage in teaching or enrollment of students unless first approved, inspected and licensed by the Montana Board of Cosmetologists and the license is posted in public view in the school.

You must complete a separate application for each school and/or course(s) you wish to offer.

Upon receipt of the completed application and required fees in the Board office, the application will be processed in the order it was received. The application must be forwarded to the Board of Cosmetologists for consideration during a regularly scheduled board meeting held quarterly. The school owner's presence at this board meeting is required. If the application is preliminarily approved, an inspection will be conducted. Upon completion and proof of all corrected inspection deficiencies, a school or course license will be issued and mailed to the school's physical address provided on the application.

1. Temporary permits or conditional licenses will **not** be issued to schools. All equipment, textbooks, kits and supplies must be present, inspected for compliance and approved prior to the issuing of a school license.
2. School, course and instructor licenses must be posted in public view in the establishment with the ownership and location described on the application. Additionally, all instructors teaching in the school must have their current instructor license posted in public view in the establishment.
3. An incomplete application will not be processed and will be returned for corrective action. Please note that processing time refers to complete applications received in the office. The processing time for an application is 90 days from the date the applications is first received in the board office.
4. All new schools and courses, changes in location or ownership, must apply for a new school application and pay all fees.
5. Owner(s) of the school are responsible for all safety and sanitation, conduct and conditions of the school. School owners and managers are responsible for all current licensing requirements and conduct in the school including those of employees, instructors and students.

6. Attach a detailed, drawn to scale floor plan of the proposed school. Please include entrances/exits, restrooms and sink locations, office, classrooms, break areas, student locker rooms, reception area and dimensions and label all areas of the cosmetology school.
7. Please indicate the hours of operation for the school or course, specifically listing days and hours.
8. Please enclose copies of all the school rules, policies and procedures of the following, but not limited to the student contract, including a breakdown of all costs for tuition, textbooks, supplies and kits costs. The refund policies, attendance policies, termination policies and the withdrawal policy. A breakdown of the course including the areas of practice and theory hours, sample lesson plans, student evaluation and grading standards, requirements for satisfactory progress, a copy of final practical exam, school operating standards, school disciplinary policies, attire, ethics/conduct, leave of absence, school closures/holidays, release of information and instructional demonstrations.
9. Please complete and submit attachments A, B, and C along with your completed school application and appropriate fees. If you plan to offer the instructors training course, please submit a completed attachment D.
10. Please submit as part of your application, a school financial report prepared by a certified public accountant (CPA) indicating the financial solvency of the proposed school.
11. Please submit an original **Certificate of Insurance**, provided by your insurance company, listing the purpose of the coverage and a bond or other security in the amount of \$5,000 for the school as required in accordance, pursuant to 37-31-311(10), MCA.

9. SCHOOL MANAGER _____ MT COSMO LIC # _____ INSTRUCTOR # _____
(Name)

PART 4.

10. LIST SCHOOL BUSINESS HOURS:

Please circle the days the school or course will operate for business, then, in space provided below, list the hours of operation for each day:

	SUN	MON	TUES	WED	THURS	FRI	SAT
List Times for Each Day							

11. TOTAL NUMBER OF HOURS AVAILABLE FOR STUDENTS PER WEEK _____

12. In accordance with *ARM 24.132.1102 (8)(b)*, please provide for the board the type of time keeping system to be used in the proposed school. _____

13. TOTAL NUMBER OF WORK STATIONS AVAILABLE IN SCHOOL: _____

14. Please specify # of stations for COSMETOLOGY _____ MANICURE _____ ESTHETIC _____ ELECTROLOGY _____

15. As part of the school application you must disclose all owners, their address and phone #. Please provide the information on **Attachment A**.

16. School's Proposed Opening Date _____

17. Please submit a detailed floor plan drawn to scale and detailed square footage for each area. Be sure to label the areas. Square footage requirements for (1-25) enrolled cosmetology students is a minimum of 1500 square feet and an additional 60 square feet per additional student over 25 per *ARM 24.132.1101(2)*. For the first 10 manicuring students the square footage requirement is 450 square feet is required and 45 square feet for each additional manicuring student. Esthetics school or course shall have at least 900 square feet for the first 10 students and 90 square feet for each additional student. The minimum square footage allows for a break room, lockers, restrooms and office space. Please initial after reading _____

18. In no event may an instructor supervise more than 25 students at any time. If you are offering multiple courses the number of students are limited to a student/teacher ratio of 1 to 25 [*ARM 24.132.1102(10) student/teacher ratio is based on current enrollment and registration in the board office*]. Please initial after reading _____

19. Pursuant to *ARM 24.132.1102 (10)*, There shall be a qualified licensed instructor directly supervising students on the school premises at all times. Please initial after reading _____

20. Pursuant to *ARM 24.132.1101 (6)*, the school is required to provide a separate classroom other than the clinic floor for theory/basics for each school or course offered in the facility. (*Example: if a cosmetology school also offered a separate manicure and esthetic courses, it would be required to have three classrooms for theory and basics and one clinic floor.*) Please initial after reading _____

21. A separate classroom for theory/basic will be provided for each course or school ☐ Yes ☐ No Initial _____

22. List the # of classrooms (theory/basic) _____ # of clinic floors _____

23. A separate lunch/break room will be provided for students in the school. ☐ Yes ☐ No Initial _____

24. One locker will be provided for each student enrolled. ☐ Yes ☐ No Initial _____

25. Please submit a **complete true and accurate copy of all the schools policies, procedures and rules** with regard to the following, but not limited to the following:

- ☐ 1) student contract, break down of tuition cost, required deposits and payments and refunds, pursuant to *ARM 24.132.501(5)* ;
- ☐ 2) withdrawals, pursuant to *ARM 24.132.501(5)*;
- ☐ 3) school operating standards, pursuant to *ARM 24.132.1102*;
- ☐ 4) disciplinary procedures, pursuant to *ARM 24.132.501(5)*;
- ☐ 5) school attire, pursuant to *ARM 24.132.501(5)*;
- ☐ 6) ethics/conduct, pursuant to *ARM 24.132.501(5)*;
- ☐ 7) leave of absence, pursuant to *ARM 24.132.501(5)*;
- ☐ 8) attendance requirements, pursuant to *ARM 24.132.501(5)*;
- ☐ 9) holidays, pursuant to *ARM 24.132.501*;
- ☐ 10) school closures, pursuant to *ARM 24.132.501*;
- ☐ 11) hours of operation, pursuant to *ARM 24.132.501*;
- ☐ 12) grounds for termination, pursuant to *ARM 24.132.501*;
- ☐ 13) grading standards, pursuant to *ARM 24.132.501(5)*;
- ☐ 14) requirements for satisfactory progress and evaluation, pursuant to *ARM 24.132.501*;
- ☐ 15) release of information, pursuant to *ARM 24.132.501*;
- ☐ 16) instructional demonstrations, pursuant to *ARM 24.132.501*;
- ☐ 17) models and members of the public, pursuant to *ARM 24.132.301(14)*;
- ☐ 18) policies pursuant to *ARM 24.132.1102(6)*;
- ☐ 19) transfer policies & field trips pursuant to *ARM 24.132.1111*;
- ☐ 20) curriculum pursuant to *ARM 24.132.1104*;
- ☐ 21) final practical exam and passing score, pursuant to *ARM 24.132.501*. Initial_____

Please submit as part of this application, a **school financial report prepared by a certified public accountant(CPA)** indicating the financial solvency of the proposed school, pursuant to *ARM 24.132.501(7)*. Initial_____

26. Please submit an original **Certificate of Insurance**, provided by your insurance company, listing the purpose of the coverage and a bond or other security in the amount of \$5,000 for the school requirement in accordance *with 37-31-311(7), MCA and ARM 24.132.501*. Initial _____

Bond Number_____ Issue Date _____ Expiration Date _____

27. On **Attachment B**, please list the names, addresses, and license numbers of proposed instructors and substitute instructors, that will be employ either full-time or part-time, in accordance with *ARM 24.132.1102(11)*. The school owner is also required to notify the Board office of any changes immediately in employment of instructors or substitute instructors in accordance with *ARM 8.14.603(8)*. A new **Attachment B** will be required to be submitted for any changes. Initial _____

28. Instructors at no time will be permitted to practice on members of the public in the school and student instructors may not substitute for a full-time instructor in accordance *with 37-31-311(5), MCA and ARM 24.132.1102(12)*. Initial _____

29. On **Attachment C**, please list the supplies and equipment provided at the school in accordance with Board statutes and rules. Please be specific about student kits provided. These supplies, kits and equipment will be inspected and accounted for in your initial inspection and subsequent inspections directed by the Board or Board designee, in accordance with *37-31-312, MCA and ARM 24.132.1101*. Initial_____

30. Please provide information regarding your mechanical ventilation system in accordance with *ARM 24.132.1101(13)*.

Cubic Square Footage of Building_____ Initial_____

Type of Ventilation_____ Air Exchanges Per Hour_____

31. The school must provide separate male and female restroom facilities with hot and cold running water connected to a sewer system. ☐Yes ☐No Initial_____

32. If you would like to apply for a Teacher Training Unit, please complete **Attachment D** and pay the appropriate fees.
☐ Yes ☐ No Initial_____

Below are a list of questions to help the applicant to comply and understand the Board's general sanitation statutes and rules:

33. Does the school have restroom facilities for clients? ☐Yes ☐No Initial_____
34. If yes, are there separate hand washing facilities available not in the restroom? ☐ Yes ☐ No Initial_____
35. Does the school have hot and cold running water connected to a sewer system for all sinks and basins?
☐Yes ☐ No Initial_____
36. Is a hand washing sign located in all restrooms? ☐Yes ☐ No Initial_____
37. Does the school have anti-bacterial soap dispensers and single service towels for washing hands in the restroom?
☐Yes ☐No Initial_____
38. Does your school have emergency exits clearly marked? ☐ Yes ☐ No Initial_____
39. In accordance with *ARM 24.132.1701(3)* all establishments must have non-porous hard surfaces in the work areas, dispensary and restrooms. What type of flooring does your school have on the practice floor?
_____ Initial_____
40. Is the school well lit in order to prevent injury or harm to the public? ☐ Yes ☐ No Initial_____
41. Is the school designed and equipped with the health and safety of the clients and students in mind?
☐ Yes ☐No Initial_____
43. Are the walls, ceilings, flooring, doors, windows, fixtures, equipment lockers and cabinets clean and in good repair?
☐Yes ☐No Initial _____
44. Where will the towels and linen be laundered? _____Initial_____
45. Are there laundry facilities located in the school? ☐ Yes ☐ No Initial_____
46. What type of disinfectant and sanitizer will be used in the school?_____
47. In accordance with *ARM 24.132.1101(14)* does the school have a large legible sign at the entrance with the words School of Cosmetology, Manicuring, Esthetics or Electrology and each classroom must have a similar sign posted with the words Student Work Only?
☐ Yes ☐ No Initial_____
- | | Yes | No |
|---|--------------------------|--------------------------|
| 48. Do all instructors possess a current Montana Instructor License in good standing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Have you ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Have you ever been refused or denied any occupational or professional license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Has a license you held ever been subject to a letter of reprimand or fines? | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Has a license you held ever been revoked, suspended, stipulated or placed on probation? | <input type="checkbox"/> | <input type="checkbox"/> |
- 53. In signing and submitting this application to the Board of Cosmetologists you acknowledge and declare that you will comply with all statutes and rules of the Board and understand that the school is subject to unannounced on-site inspections for compliance with board statutes and rules.** Initial_____

If you answered yes to any of questions 49-52, please explain below and if needed, continue on a separate sheet of paper.

Please read and sign below:

I hereby declare that I will operate my school and/or course in compliance with the statutes and rules governing the profession of cosmetology, manicuring, esthetics or electrology in the State of Montana and will ensure that all employees and enrolled students comply with all statutes and rules. I also acknowledge that the statutes and rules may change and that I will follow all subsequent statutes and rules. I agree that if the ownership or location of this school or course as indicated above changes, a new school or course application and fees will be required.

All fees are non-refundable. Incomplete applications will be returned.

The undersigned hereby certifies UNDER PENALTY OF PERJURY the statements, attachments and drawing of the floor plan contained herein are true and correct with full knowledge that all statements made in this application are subject to investigation and the school is subject to an initial inspection and subsequent inspections. Any false, dishonest or incomplete answer to any question on this application may be grounds for denial or subsequent revocation of the license.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

Notary:

Subscribed and sworn to before me this _____ day of _____, 20____.

(SEAL)

Notary Public for the State _____

Residing at _____

My Commission expires _____

**BOARD OF COSMETOLOGISTS
ATTACHMENT A
SCHOOL APPLICATION**

PERSONAL SURVEY FORM FOR OWNERS AND OFFICERS

Please complete one form for each owner and/or officer and principal stockholder of the proposed school or course. You should use a separate form for each owner or officer.

NAME of OWNER(S)/OFFICER(S) _____

HOME ADDRESS of OWNER(S)/OFFICER(S) _____
(Street)

(City) (State) (Zip) (Home Telephone)

HIGHEST EDUCATION LEVEL: ☐ Less than High School ☐ High School or GED ☐ Some College ☐ Bachelor's ☐ Masters ☐

COSMETOLOGY TRAINING AND EDUCATION: _____

COSMETOLOGY LICENSE#: _____ EXPIRATION DATE: _____

COSMETOLOGY INSTRUCTOR LIC #: _____ EXPIRATION DATE: _____

LIST ADDITIONAL COURSES RELATING TO THE PRACTICE OR TEACHING OF COSMETOLOGY/MANICURE/ESTHETIC:

(Course name) (Provider) (State) (Year)

(Course name) (Provider) (State) (Year)

(Course name) (Provider) (State) (Year)

(Course name) (Provider) (State) (Year)

LIST ALL WORK EXPERIENCE AS A COSMETOLOGIST/MANICURIST/ESTHETICIAN/ELECTROLOGIST :

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

LIST ALL WORK EXPERIENCE AS AN INSTRUCTOR:

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

LIST ALL EXPERIENCE IN CONDUCTING OR MANAGING A SCHOOL, SALON OR BUSINESS _____

LIST 3 INDIVIDUALS NOT RELATED TO YOURSELF, AS REFERENCES:

(Name)	(Address)	(Phone #)	(Relationship)
(Name)	(Address)	(Phone #)	(Relationship)
(Name)	(Address)	(Phone #)	(Relationship)

(Signature of Owner/Officer of Corporation)

(Date)

Notary:

Subscribed and sworn to before me this _____ day of _____, 20____.

(SEAL)

Notary Public for the State _____

Residing at _____

My Commission expires _____

BOARD OF COSMETOLOGISTS

ATTACHMENT B SCHOOL APPLICATION PERSONAL INFORMATION FORM FOR INSTRUCTORS

Please complete a separate attachment B form for each licensed instructor you plan to employ for the proposed school.

NAME of INSTRUCTOR _____

HOME ADDRESS of INSTRUCTOR _____
(Street)

(City) (State) (Zip) (Home Telephone)

HIGHEST EDUCATION LEVEL: ☐ Less than High School ☐ High School or GED ☐ Some College ☐ Bachelor's ☐ Masters (+)

COSMETOLOGY TRAINING AND EDUCATION: _____

COSMETOLOGY LICENSE# _____ EXPIRATION DATE: _____

COSMETOLOGY INSTRUCTOR LIC # _____ EXPIRATION DATE: _____

LIST ADDITIONAL COURSES RELATING TO THE PRACTICE OR TEACHING OF COSMETOLOGY/MANICURE/ESTHETICS OR ELECTROLOGY:

(Course name) (Provider) (State) (Year)

(Course name) (Provider) (State) (Year)

(Course name) (Provider) (State) (Year)

(Course name) (Provider) (State) (Year)

LIST ALL WORK EXPERIENCE AS A COSMETOLOGIST/MANICURIST/ESTHETICIAN OR ELECTROLOGIST:

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

LIST ALL WORK EXPERIENCE AS AN INSTRUCTOR:

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

(Name of Employer) (Address) (Position) From _____ To _____
(Dates Employed)

LIST ALL EXPERIENCE IN CONDUCTING OR MANAGING A SCHOOL, SALON OR BUSINESS _____

LIST 2 INDIVIDUALS NOT RELATED TO YOURSELF, AS REFERENCES:

(Name)	(Address)	(Phone #)	(Relationship)
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(Name)	(Address)	(Phone #)	(Relationship)
--------	-----------	-----------	----------------

Will the Licensed Instructor be employed full, part-time or substitute? _____

(Signature of Instructor)

(Signature of Owner/Officer of Corporation)

(Date)

Notary:

Subscribed and sworn to before me this _____ day of _____, 20 ____.

(SEAL)

Notary Public for the State _____

Residing at _____

My Commission expires _____

[illegible]

3) Please provide a student kit list (include quantities)

4) Please list all reference books, periodicals and textbooks on required subjects used in the esthetics school/course and library and quantities of textbooks:

*If you require more space, you may attach a separate sheet of paper.

(Signature of Owner/Officer of Corporation)

(Date)

Notary:

Subscribed and sworn to before me this _____ day of _____, 20 ____ .

(SEAL)

Notary Public for the State

Residing at _____

My Commission expires _____

ATTACHMENT D
COSMETOLOGY SCHOOL APPLICATION
APPLICATION FOR TEACHER TRAINING UNIT

1. NAME OF SCHOOL _____

2. SCHOOL ADDRESS _____
(Street)

(City) (State) (Zip)

3. SCHOOL LICENSE # _____ TYPE _____

4. NAME OF OWNER _____

5. Please provide the number of full-time instructors you employ. _____

6. Please provide the number of part-time instructors you employ. _____

7. Please provide a list of teacher training course supplies, equipment, visual and training aides,
reference books, periodicals and text books: (include quantities)

_____	_____
_____	_____
_____	_____
_____	_____

(Signature of Owner/Officer of Corporation)

(Date)

Notary:

Subscribed and sworn to before me this _____ day of _____, 20 ____ .

(SEAL)

Notary Public for the State _____

Residing at _____

My Commission expires _____